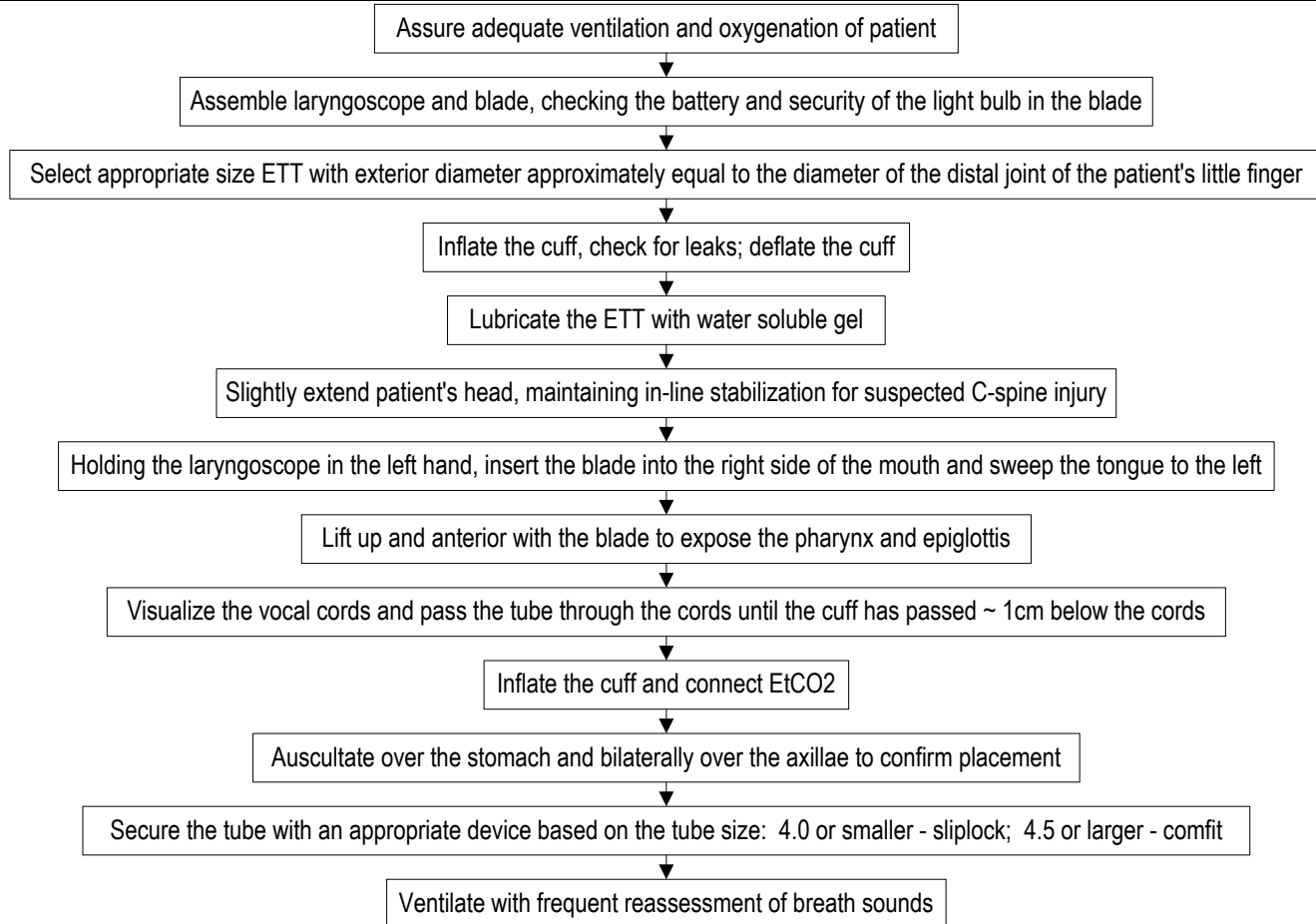


Initial: 9/92
Reviewed/revised: 10/14/09
Revision: 7

**MILWAUKEE COUNTY EMS
PRACTICAL SKILL
ENDOTRACHEAL INTUBATION**

Approved by: Ronald Pirrallo, MD, MHSA
Signature:
Page 1 of 1

Purpose: To provide positive control of an airway To facilitate assisted ventilation in a patient with inadequate respirations To prevent aspiration in a patient with decreased reflexes		Indications: Patients in severe respiratory distress Unconscious patients unable to protect own airway Apnea or inadequate respiratory effort	
Advantages: Positive control of the airway Prevents aspiration Facilitates ventilation Provides route for administration of selected medications Facilitates suctioning	Disadvantages: Requires special training and equipment May be difficult to avoid C-spine movement Does not prevent gastric regurgitation	Complications: Airway trauma Misplacement Esophageal placement causes hypoxia Potential for simple or tension pneumothorax Gastric dilatation	Contraindications: Patient with intact gag reflex



NOTES:

- To prevent accidental extubation of a patient who has been intubated, the following steps should be taken when managing a patient with a 2.5 - 5.5 ET tube:
 - Inflate the cuff with 1 cc air. Avoid overinflating the cuff, as this may cause airway damage. The pilot balloon should remain soft after inflation of the cuff.
 - Verify ETT placement by connecting and documenting the EtCO2 reading.
 - Management of the airway should be maintained by an EMT-Paramedic and not turned over to an EMT-Basic.
 - The head of the intubated patient should be maintained in an in-line stabilized position during transport.
- Most accidental extubations of patients occur during patient movement. The bag-valve assembly should be disconnected from the ETT for no longer than 30 seconds. ETT placement must be verified when reattaching the bag-valve.
- Limit intubation attempts to two attempts per provider with one additional attempt by one additional provider – total of three attempts. Assure adequate oxygenation and ventilation between intubation attempts. If unable to intubate after three attempts, insert non-visualized airway.